

DEPARTMENT OF TRANSPORTATION

FORMS FOR BID

FOR CONSTRUCTION ON STATE HIGHWAY IN NAPA COUNTY IN NAPA AT SILVERADO **TRAIL ROAD**

In District 04 On Route 121

Under

Notice to Bidders and Special Provisions dated September 6, 2016

Standard Specifications dated 2010

Project plans approved March 28, 2016

Standard Plans dated 2010

Applicable to

Electronic Bid book dated September 6, 2016 **Identified by** Contract No. 04-2A3204 04-Nap-121-9.2/9.4 Project ID 0400000817

> Federal-Aid Project ACNH-P121(028)E

DBE - COMMITMENT

DES-OE-0102.10D (REV 12/2014)

ADA Notice

CONTRACT NO:						
BID AMOUNT:						
\$						
BID OPENING DATE:						
BIDDER'S NAME:						
DBE GOAL FROM CONTRA	ACT %:					
DBE PRIME CONTRACTOR	R CERTIFICATION ¹ :	TOTAL NUMBER OF AL	L SUBCONTRACTS (DBE &	NON-DBE)	TOTAL VALUE OF ALL SUBCONTRAC	CTS (DBE & NON-DBE)
BID ITEM NO.	SERVICES TO BE S	ID DESCRIPTION OF UBCONTRACTED OR D BE PROVIDED ²	WORK CATEGORY CODES ³	opened.	NAME OF DBEs st be certified on the date bids are Include Caltrans' certification no., DBE s, and phone number. Show 2nd and lower tier subcontractors)	AMOUNT (\$)
Show all DBE firms being each DBE shown stating shown for the specific am	that it will be participat			Total Claimed Participation		\$
The names of the 1st tier Subcontractor List (Pub 0			oe consistent with the			%
¹ Each DBE prime contractor must enter its certification number and show all work to be performed by DBEs, including work performed by its own forces.					er acknowledges that it is commi own on this form to meet the con	
² If 100% of an item is not the item to be performed		nished by the DBE, des	scribe the exact portion of			
³ Use Work Category Cod	les from the California	Unified Certification Pro	ogram database.	Sig	gnature of Bidder	
				Da	te (A	rea Code) Tel. No.
				Pe	rson to Contact (Ple	ase Type or Print)

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DBE CONFIRMATION

DES-OE-0102.13 (NEW 05/2015)

220 02 0102:10 (11200 00)2			
Contract no.:			
Name of DBE business:			
Name of DBE representative	:		
DBE certification number:			
Name of bidder:			
Name of prime contractor if d	ifferent from the bidder:		
Name of representative of bio	dder or prime contractor:		
Date:			
Bid item number	Item of work and description of services to be subcontract	ted or materials to be provided ¹	Amount (\$)
1If 100% of an item is not to b	pe performed or furnished by the DBE, describe the exact		
portion of the item to be per		Total	
		enterprise, I confirm that my busin	lder or prime contractor to perform
		I certify under penalty of perjury the	at the foregoing is true and correct.
		Signature of DBE's authorized	representative:
		Printed name of DBE's authori	zed representative:
		Title of DBE's authorized repre	esentative:
		Date:	_

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DBE GOOD FAITH EFFORTS DOCUMENTATION

DES-0E-0102.11A (REV 12/2014)

Bidder's Name:	
Contract No.: _	

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1. List items of work the Bidder made available to DBE firms. Identify items of work the Bidder might otherwise perform with its own forces, items that have been broken down into economically feasible units to facilitate DBE participation, and items for which the Bidder has established flexible time frames for performance and delivery schedules in a manner that encourages and facilitates DBE participation. For each item listed, show the dollar value and percentage of the total contract. The Bidder must demonstrate that sufficient work to meet the goal was made available to DBE firms.

Item of Work Offered, Services Offered, or Materials Supplied	Perfor	Normally ms Item s/No	Item Broken Down to Facilitate Participation Yes/No		Established Flexible Timeframes for Performance and Delivery Schedules Yes/No		Amount (\$)	Percentage of Total Bid
	YES	NO	YES	Пио	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	Пио	YES	□NO	YES	□ NO		
	YES	NO	YES	Пио	YES	□NO		
	YES	□ NO	YES	□ NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	□ NO	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	NO	YES	NO	YES	□NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	□ NO	YES	□ NO		
	YES	□ NO	YES	Пио	YES	□ NO		
	YES	NO	YES	□ NO	YES	□ NO		
	YES	NO	YES	Пио	YES	□ NO		

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Bidder's Name:	
Contract No.: _	

up initial and follow-up					clude the items of work offered a copies of solicitations, e-mail me		
etc. Name of D	BE Solicited	Date of In	itial Solicitation	Items of	Work Offered	Follow Up Me	thods and Dates
DBE, the DBEsthat p	Provided quotes, the Bidder whenever Provided Specifications	e price quote for ea		lifference for each DBE	pecific to the items of work being if the selected firm is not a DBE act. Name of Rejected Firm		
	YES	NO					
	YES						
	I	Пио					
	YES	□NO					
	YES YES						
	+-	_ No					
	YES						
	YES YES						
	YES YES						
	YES YES YES						

ADA Notice

Bidder's Name:	
Contract No.:	

DBE GOOD FATH EFFOR DES-OE-0102.11A (REV 12/2014)	RTS DOCUMENTATION		Page 3 of 3					
4. Describe the Bidder's outreach efforts to identify and solicit the interest of all certified DBEs that have the capability to perform the work of the Contract. Provide copies of supporting documents.								
Description of Outreach Dates		Location (if applicable)	Results					
	le interested DBEs with adequate information a assisted, the type of information provided, and							
Describe the Bidder's efforts made to assist dates. Provide copies of supporting document	interested DBEs in obtaining bonding, lines of s.	credit, or insurance. Identify the DBEs assisted	d, the type of assistance offered, and the					
equipment the DBE purchases or leases from documents. List efforts made to assist interest	interested DBEs in obtaining necessary equip the prime contractor or its affiliate. Identify the ed DBEs in obtaining bonding, lines of credit, in bcontractor purchases or leases from the primi	DBEs assisted, the type of assistance offered, nsurance, necessary equipment, supplies, mat	and the dates. Provide copies of supporting erials, or related assistance or services,					
List the names of agencies and the dates or	n which they were contacted to provide assista	nce in contacting, recruiting, and using DBE fir	ms. If the agencies were contacted in writing,					
9. Include additional data to support a demons	stration of good faith efforts.							
IOTE: USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.								

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